LEVEL OF INVOLVEMENT

Do you want to participate in the Conservation Implementation Program (CIP)? Please indicate your preferred level of involvement on this form.

	Name						
	Company/Organizatio	npany/Organization (if applicable)					
RIVER							
	Contact Address						
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			н		u .		
BASI	Email						
BA	Phone						
		H H HATE					
Lam interested in red	ceiving regular email un	dates i	regarding CIP progress:	☐ Yes	□ No		
	orthig rogular offiair up	aatoo	egarang on progress.				
Please circle your pr	eferred level of involver	nent o	n the back of this page.				
I am interested in pa	rticipating in the followir	ng CIP	committees:				
☐ Coordination Council ☐ Water Quality Committee							
☐ Public Involver	olvement Committee						
☐ Science Committee ☐ other,							

1 (Least Participation)	2	3	4	5 (Most participation)
 Receive Newsletters Only Request General Information Only 	 Receive Newsletters Request General Information Receive Meeting Agendas Receive Notification of Availability of Reports Provide Input to Process 	 Receive Newsletters Request General Information Receive Meeting Agendas Receive Notification of Availability of Reports Provide Input to Process Attend Coordination Council Meetings Receive Meeting Summaries/ Notes Receive Budget Information 	 Receive Newsletters Request General Information Receive Meeting Agendas Receive Notification of Availability of Reports Provide Input to Process Attend Coordination Council Meetings Receive Meeting Summaries/ Notes Receive Budget Information Participate in Sub- Committee or Workgroup Activities 	 Receive Newsletters Request General Information Receive Meeting Agendas Receive Notification of Availability of Reports Provide Input to Process Attend Coordination Council Meetings Receive Meeting Summaries/ Notes Receive Budget Information Participate in Sub- Committee or Workgroup Activities Full Participation in Process/ Meetings Representation on One or More Sub- Committees or Workgroups